



## EDI/EFT VENDOR PROFILE BWXT Y-12, L.L.C.



|                     |                                      |   |   |
|---------------------|--------------------------------------|---|---|
| <b>REQUEST TYPE</b> | <input type="checkbox"/> NEW PROFILE | <input type="checkbox"/> MODIFY PROFILE | <input type="checkbox"/> DELETE PROFILE |
|---------------------|--------------------------------------|---|---|

### VENDOR INFORMATION

|                |  |
|----------------|--|
| <b>NAME</b>    | <b>CHECK REMITTANCE (IN CASE OF EFT FAILURE)</b> |
|                | <b>NAME</b>                                      |
| <b>ADDRESS</b> | <b>ADDRESS</b>                                   |
| <b>CONTACT</b> | <b>TAXPAYER ID NUMBER</b>                        |
| <b>PHONE</b>   | E-MAIL ADDRESS                                   |

### RECEIVING FINANCIAL INSTITUTION

|   |   |
|---|---|
| <b>BANK NAME</b>                          | BANK CONTACT  |
| BANK ADDRESS (CITY AND STATE)             | BANK CONTACT PHONE NUMBER   |
| <b>ROUTING &amp; TRANSIT NUMBER (RTN)</b> | <b>ACCOUNT TYPE</b>   |
| <b>BANK ACCOUNT NUMBER</b>                | <input type="checkbox"/> CHECKING (DDA) <input type="checkbox"/> OR SAVINGS |

### BWXT Y-12, L.L.C./BANK INFORMATION

|  |  |
|--|--|
| VENDOR CODE  | <b>ACH PAYMENT FORMAT</b>                                  |
|  | <input type="checkbox"/> CTX <input type="checkbox"/> CCD+ |
| VENDOR PURCHASE ORDER NUMBERS (PROVIDE 1-3)              |  |
| TRANSPORTATION VENDOR                                    | BWXT BUYER   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | PHONE  |

### ADVISE FORMAT

**A) NACHA FORMATTED CTX PAYMENT AND REMITTANCE ADVICE TO YOUR BANK USING ASC X12 820 VERSION 4010.**

**B) NACHA FORMATTED CCD PAYMENT TO YOUR BANK AND REMITTANCE ADVICE E-MAILED DIRECTLY TO YOU FROM BWXT Y-12, L.L.C.**

|                          |   |
|--------------------------|---|
| <b>VENDOR (RECEIVER)</b> | <b>BWXT Y-12, L.L.C. (ORIGINATOR)</b>   |
| <b>BY (SIGNATURE)</b>    | BY                                      |
| TITLE                    | <b>Treasury Services Representative</b> |
| DATE                     | DATE                                    |
|                          | DATE ENTERED IN SAP                     |
|                          | DATE VERIFIED                           |

**ALL FIELDS IN BOLD LETTERING ARE REQUIRED**

*For questions regarding electronic deposits or for assistance with this form call (865) 241-3489.*

**FAX FORM TO: (865) 574-4967**